PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CHA 92004000405

01 41110 40 511 55									L,			
	CLAIMS AS FILED - PART I							SMALI	ENTITY		ОТН	ER THAN
TOTAL CLAIMS				(Column 1)		(Column 2)		TYPE		o		L ENTITY
500			20					RAT	E FEI		RATE	FEE
FOR .				NUMBER FILED		NUMBER EXTRA		BASIC	FEE 385.	00 01	R BASIC F	EE 770.00
TOTAL CHARGEABLE CLAIMS			100	 		• -		X\$ 9	= -	OF	X\$18:	
INDEPENDENT CLAIMS				1111103 3 =				X43=		OF	X86=	1
Ľ	IULTIPLE DEPI	ENDENT CLAIM	PRESENT	RESENT ————————————————————————————————————				+145:		OF		
•	If the difference	ce in column 1 i	s less than	zero, enter	"0" in	column 2		TOTAL		OF		
	•	CLAIMS AS	AMENDE	MENDED - PART II					<u> </u>			R THAN
_		(Column 1)		(Column 2)				SMAL	L ENTITY	OR		ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE
Q.	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
MA	Independent	ENTATION OF M	Minus	***	<u> </u>	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 145				
·								+145=		OR	+290=	
							A	DDIT. FEE	_	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Columi		(Column 3)	_					
AMENDMENT B		REMAINING AFTER AMENDMENT	·	PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Independent	NTATION OF ML	Minus	DENIDENT O		-		X43=		OR	X86=	
		TO THE	DETIFEE DE	PENDENT	LAIM		T	+145=		OR	+290=	
							AD	TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE	
		(Column 1)		(Column	2)	(Column 3)	•	,				
CINDINEINIC		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOR	T R SLY	PRESENT EXTRA	Ţ,	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	•••		=	5	(\$ 9=		OR	X\$18=	
	Independent	 l	Minus	***	- 1	=	一	(43=			X86=	
1	HINST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT CL	AIM.		\vdash			OR _	∧ 00=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
H	the "Highest Num	iber Previously Paid iber Previously Paid	d For IN THIS d For IN THIS	SPACE is les	s than a	20, enter "20."		TOTAL IT. FEE		OR A	TOTAL DIT. FEE	
• • •	ie nigiiest Numt	per Previously Paid	For (Total or	independent)	is the hi	ghest number fo	ound i	n the app	ropriate box	in colum	nn 1.	V